

10/526579

Dist Rec'd PCT/PTO 04 MAR 2005

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**  
**AS INTERNATIONAL PRELIMINARY EXAMINING AUTHORITY**

International Application No. : PCT/US03/27816  
International Filing Date : 04 September 2003 (04.09.03)  
Earliest Priority Date : 06 September 2002 (06.09.02)  
Applicant(s) : THE GENERAL HOSPITAL CORPORATION, ET  
AL.  
Title : DELIVERY OF THERAPEUTICS TO THE BRAIN  
AND SPINAL CORD


Mail Stop PCT  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Transmitted herewith for filing a Demand for International Preliminary Examination and Fee Calculation Sheet with Deposit Account Authorization.

A check in the amount of \$748.00 is enclosed to cover the fee. If this is insufficient, please charge any deficiency, or credit any overpayment in the total fees, to the account of Wolf, Greenfield & Sacks, P.C., Deposit Account No. 23/2825.

If the enclosed papers are considered incomplete, the Mail Room and/or the Application Branch is respectfully requested to contact the undersigned collect at (617) 720-3500, Boston, Massachusetts.

Respectfully submitted,

  
\_\_\_\_\_  
John R. Van Amsterdam  
Reg. No.: 40,212  
WOLF, GREENFIELD & SACKS, P.C.  
600 Atlantic Avenue  
Boston, Massachusetts 02210  
United States of America  
Telephone: (617) 720-3500  
Facsimile: (617) 720-2441

DOCKET NO.: M0765.70044  
DATE: 1 March 2004  
x 04/06/04  
Express Mail Label No. EV335878185US

The demand must be filed directly with the competent International Preliminary Examining Authority or, if two or more Authorities are competent, with the one chosen by the applicant. The full name or two-letter code of the Authority may be indicated by the applicant on the line below:

IPEA/US

PCT

CHAPTER II

### DEMAND

under Article 31 of the Patent Cooperation Treaty:

The undersigned requests that the international application specified below be the subject of international preliminary examination according to the Patent Cooperation Treaty

For International Preliminary Examining Authority use only

Identification of IPEA

Date of Receipt of DEMAND

**Box No. I IDENTIFICATION OF THE INTERNATIONAL APPLICATION**

Applicant's or agent's file reference  
M0765.70044

International Application No.  
PCT/US03/27816

International Filing Date (day/month/year)  
04 September 2003 (04.09.03)

(Earliest) Priority date (day/month/year)  
06 September 2002 (06.09.02)

Title of Invention  
DELIVERY OF THERAPEUTICS TO THE BRAIN AND SPINAL CORD

**Box No. II APPLICANT(S)**

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)  
THE GENERAL HOSPITAL CORPORATION  
55 Fruit Street  
Boston, Massachusetts 02114  
United States of America

Telephone No.:

Facsimile No.:

Teleprinter No.:

State (that is, country) of nationality:  
US

State (that is, country) of residence:  
US

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)  
UNIVERSITY OF MARYLAND, BALTIMORE  
520 West Lombard Street  
Baltimore, Maryland 21201-1691  
United States of America

State (that is, country) of nationality:  
US

State (that is, country) of residence:  
US

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)  
FRANCIS, Jonathan W.  
69 Rumford Avenue  
Mansfield, Massachusetts 02048  
United States of America

State (that is, country) of nationality:  
US

State (that is, country) of residence:  
US

X Further applicants are indicated on a continuation sheet.

Sheet No. 2		International application No. PCT/US03/27816
Continuation of Box No. II APPLICANT(S)		
<i>If none of the following sub-boxes is used, this sheet is not to be included in the demand.</i>		
Name and address: (Family name followed by given name: for a legal entity, full official designation. The address must include postal code and name of country.)  BROWN, Jr., Robert H. 16 Oakland Avenue Needham, Massachusetts 02192 United States of America		
State (i.e. country) of nationality: US		State (i.e. country) of residence: US
Name and address: (Family name followed by given name: for a legal entity, full official designation. The address must include postal code and name of country.)  FISHMAN, Paul S. 26 Dembeigh Hill Circle Baltimore, Maryland 21210 United States of America		
State (i.e. country) of nationality: US		State (i.e. country) of residence: US
Name and address: (Family name followed by given name: for a legal entity, full official designation. The address must include postal code and name of country.)  		
State (i.e. country) of nationality		State (i.e. country) of residence:
Name and address: (Family name followed by given name: for a legal entity, full official designation. The address must include postal code and name of country.)  		
State (i.e. country) of nationality		State (i.e. country) of residence:
Name and address: (Family name followed by given name: for a legal entity, full official designation. The address must include postal code and name of country.)  		
State (i.e. country) of nationality		State (i.e. country) of residence:
o Further applicants are indicated on another continuation sheet.		

Form PCT/IPEA/401 (continuation sheet) (January 1994; reprint January 1997) See Notes to the demand form

**Box No. III AGENT OR COMMON REPRESENTATIVE; OR ADDRESS FOR CORRESPONDENCE**The following person is ☒ agent ☐ common representative

- And ☒ has been appointed earlier and represents the applicant(s) also for international preliminary examination.  
☐ is hereby appointed and any earlier appointment of (an) agent(s)/common representative is hereby revoked.  
☐ is hereby appointed, specifically for the procedure before the International Preliminary Examining Attorney, in addition to the agent(s)/common representative appointed earlier.

Name and address: *(Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)*

Van Amsterdam, John R.  
 Wolf, Greenfield & Sacks, P.C.  
 600 Atlantic Avenue  
 Boston, Massachusetts 02210  
 United States of America

Telephone No.:  
 (617) 720-3500

Facsimile No.:  
 (617) 720-2441

Teleprinter No.:

☐ **Address for Correspondence:** Mark this check box where no agent or common representative is/has been appointed and the space above is used instead to indicate a special address to which correspondence should be sent.

**Box No. IV BASIS FOR INTERNATIONAL PRELIMINARY EXAMINATION****Statement concerning amendments:\***

1. The applicant wishes the international preliminary examination to start on the basis of:

☒ the international application as originally filed

the description ☐ as originally filed  
☐ as amended under Article 34

the claims ☐ as originally filed  
☐ as amended under Article 19 (together with any accompanying statement)  
☐ as amended under Article 34

the drawings ☐ as originally filed  
☐ as amended under Article 34

2. ☐ The applicant wishes any amendment to the claims under Article 19 to be considered as reversed.  
 3. ☐ The applicant wishes the start of the international preliminary examination to be postponed until the expiration of the applicable time limit under Rule 69.1(d).  
 4. ☐ The applicant wishes the start of the international preliminary examination to start earlier than the expiration of the applicable time limit under Rule 69.1(d).

\* Where no check-box is marked, international preliminary examination will start on the basis of the international application as originally filed or, where a copy of amendments to the claims under Article 19 and/or amendments of the international application under Article 34 are received by the International Preliminary Examining Authority before it has begun to draw up a written opinion or the international preliminary examination report, as so amended.

**Language for the purposes of international preliminary examination: . . . English**

- ☒ which is the language in which the international application was filed.  
☐ which is the language of a translation furnished for the purposes of international search.  
☐ which is the language of publication of the international application  
☐ which is the language of the translation to be furnished for the purposes of international preliminary examination.

**Box No. V ELECTION OF STATES**

The filing of this demand constitutes the election of all Contracting States which are designated and are bound by Chapter II of the PCT.

**Box No. VI CHECKLIST**

The demand is accompanied by the following elements, in the language referred to in Box No. IV, for the purposes of international preliminary examination:

For International Preliminary  
Examining Authority use only

- |    |                                                                          |   |        |
|----|--------------------------------------------------------------------------|---|--------|
| 1. | translation of international application                                 | : | sheets |
| 2. | amendments under Article 34                                              | : | sheets |
| 3. | copy (or, where required, translation) of<br>amendments under Article 19 | : | sheets |
| 4. | copy (or, where required, translation) of<br>statement under Article 19  | : | sheets |
| 5. | letter                                                                   | : | sheets |
| 6. | other ( <i>specify</i> )                                                 | : | sheets |

Received	not received
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<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

The demand is also accompanied by the item(s) marked below:

- |                                                                                             |                                                                                                             |
|---------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|
| 1. <input checked="" type="checkbox"/> fee calculation sheet                                | 4. <input type="checkbox"/> statement explaining lack of signature                                          |
| 2. <input type="checkbox"/> separate signed power of attorney                               | 5. <input type="checkbox"/> nucleotide and or amino acid sequence listing in computer readable form         |
| 3. <input type="checkbox"/> copy of general power of attorney;<br>reference number, if any: | 6. <input checked="" type="checkbox"/> other ( <i>specify</i> ):<br>Transmittal letter<br>Postcard<br>Check |

**Box No. VII SIGNATURE OF APPLICANT, AGENT OR COMMON REPRESENTATIVE**

Next to each signature, indicate the name of the person signing and the capacity in which the person signs (if such capacity is not obvious from reading the demand).

  
John R. Van Amsterdam

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- |                                                                                                                                                                                              |                                                                       |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|
| 1. Date of actual receipt of DEMAND:                                                                                                                                                         |                                                                       |
| 2. Adjusted date of receipt of demand due to CORRECTIONS under Rule 60.1(b):                                                                                                                 |                                                                       |
| 3. <input type="checkbox"/> The date of receipt of the demand is AFTER the expiration of 19 months from the priority date and item 4 or 5, below, does not apply.                            | <input type="checkbox"/> The applicant has been informed accordingly. |
| 4. <input type="checkbox"/> The date of receipt of the demand is WITHIN the period of 19 months from the priority date as extended by virtue of Rule 80.5.                                   |                                                                       |
| 5. <input type="checkbox"/> Although the date of receipt of the demand is after the expiration of 19 months from the priority date, the delay in arrival is EXCUSED pursuant to Rule 82.     |                                                                       |
| 6. <input type="checkbox"/> The date of receipt of the demand is AFTER the expiration of the time limit under Rule 54bis.1(a) and item 7 or 8 below, does not apply.                         |                                                                       |
| 7. <input type="checkbox"/> The date of receipt of the demand is WITHIN the time limit under Rule 54bis.1(a) as extended by virtue of Rule 80.5.                                             |                                                                       |
| 8. <input type="checkbox"/> Although the date of receipt of the demand is after the expiration of the time limit under Rule 54bis.1(a), the delay in arrival is EXCUSED pursuant to Rule 82. |                                                                       |

For International Bureau use only

Demand received from IPEA on:

## PCT

## FEE CALCULATION SHEET

Annex to the Demand for international preliminary examination

For International Preliminary Examining Authority use only

<div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">International Application No. PCT/US03/27816</div> <div style="border: 1px solid black; padding: 2px;">Applicant's or agent's File reference: M0765.70044</div> <div style="border: 1px solid black; padding: 2px; margin-top: 2px;">Applicant THE GENERAL HOSPITAL CORPORATION, ET AL.</div>	<div style="border: 1px solid black; height: 60px; margin-top: 2px;"></div> <div style="border: 1px solid black; padding: 2px; margin-top: 2px;">Date stamp of the IPEA</div>
<b>Calculation of prescribed fees</b>	
1. Preliminary examination fee .....	<div style="border: 1px solid black; display: inline-block; padding: 2px;">\$600.00 (USPTO was ISA)</div> <div style="border: 1px solid black; display: inline-block; padding: 2px; margin-left: 10px;">P</div>
2. Handling fee .....	<div style="border: 1px solid black; display: inline-block; padding: 2px;">\$148.00</div> <div style="border: 1px solid black; display: inline-block; padding: 2px; margin-left: 10px;">H</div>
3. Total of prescribed fees Add the amounts entered at P and H and enter total in the TOTAL box .....	<div style="border: 1px solid black; display: inline-block; padding: 5px; margin: 5px 0;">\$748.00</div> <div style="border: 1px solid black; display: inline-block; padding: 5px; margin-top: 5px;">TOTAL</div>
<b>Mode of Payment</b>	
<input type="checkbox"/> authorization to charge deposit account with the IPEA (see below)	<input type="checkbox"/> cash
<input checked="" type="checkbox"/> cheque	<input type="checkbox"/> revenue stamps
<input type="checkbox"/> postal money order	<input type="checkbox"/> coupons
<input type="checkbox"/> bank draft	<input type="checkbox"/> other (specify):
<b>Deposit Account Authorization</b> (this mode of payment may not be available at all IPEAs) The IPEA/US <input type="checkbox"/> is hereby authorized to charge the total fees indicated above to my deposit account. <input checked="" type="checkbox"/> (this check-box may be marked only if the conditions for deposit accounts of the IPEA so permit) is hereby authorized to charge any deficiency or credit any overpayment in the total fees indicated above to my deposit account.	
23/2825	01/03/2004
Deposit Account Number	Date (day/month/year)
Form PCT/IPEA/401 (Annex) (July 1998; reprint January 2000)	

John R. Van Amsterdam

See notes to the fee calculation sheet